(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

CORPORATION NAME(S) & DOCUME	Office Use Only ENT NUMBER(S), (if known):
1. VIASA VENEZOLAN	(Document#)
	· · · · · · · · · · · · · · · · · · ·
2. AVIACION USA (Corporation Name)	C04
(Corporation Name)	(Document #)
2	•
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time 9	
Mail out Will wait	Photocopy Certificate of Status
NEW PW PIGG	
NEW FILINGS	AMENDMENTS
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark Other
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co	NAME Viasa Venezolana Interporation shall be:	ernacional de Aviacion USA , C	orp
ARTICLE II	PRINCIPAL OFFICE		
,	Principal street address	Mailing address, if di	fferent is:
	4758 SW 56 St Ste. 177	-	
	Miami, Fl. 33185	-	
	PURPOSE		
	hich the corporation is organized is:		
	any lawful activity permitted under	the Constitution and Statutes of	n the State
		·	№ 11 F
ARTICLE IV	SHARES	Avidhaniaad of a same on Charles vidh	FEB FEB
The number of sha	res of stock is: One Hundred (100) Shares A One Dollarr (\$1.00) Par Valu		ANT - III
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	第三
Name and T	tle:Ruben O Lovato PVS	Name and Title:	
Address:	14758 SW 56 St		<u> </u>
	Ste. 177 Miami, Fl. 33185		<u></u>
	·		
Name and Tand Address:	itle:	Address:	
Name and T Address:	itle:	Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) Ruben O Lovato	of the registered agent is:	
Address:	14758 SW 56 St. Ste. 177	_	
	Miami, Fl. 33185		
ARTICLE VII	INCORPORATOR		•
	Iress of the Incorporator is:		
Name:	Ruben O Lovato		
Address:	14758 SW 56 St. Ste. 177 Miami, Fl. 33185	_ _	
Having been name this certificate, I ar	ed as registered agent to accept service of proc n familiar with grid accept the appointment as r	egistered agent and agree to act in this ca	pacity
	cup was	<i>O</i>	2-07.20H
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein a epartment of State constitutes a faird degree fel		nation submitted in a
	ONO Cust	\circ	17-501
	Required-Signature/Incorporator		Date